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THE DISEASES OF THE WEST.

[Communicated for the Boston Medical and Surgical Journal.]

In Vol. XXXIII., No. 24, I commenced some remarks on the diseases of the West, little expecting at that time that I should be unable to continue the undertaking in regular series. But owing to unremitted labor, occasioned by the almost unprecedented epidemic that has prevailed throughout the country, my pen was laid aside. The reader who may feel interested in having a correct pathology of our diseases, should refer to the No. above alluded to, as little repetition will be had.

The diseases endemic to this section of country should be regarded with deep interest, for there is a peculiarity in their nature which nothing but close observation and nice scrutiny can detect. I have no reference to their remitting or periodical character; I mean that subtlety of action—silently undermining the springs of life—which gives no alarm to the unwary until the patient's fate is sealed. It is not that irritative or inflammatory process—that death of structure—which authors say is necessary to take place before death can result; it is a something deranging the mechanism of the system—the nice affinities—the necessary balance between different parts or organs, which must exist in regularity to sustain the motive power in health. During many years residence in this section of country, we have given no ordinary attention to the nature of its diseases, and had been flattered with the idea that we had witnessed their most ghastly features, and accomplished the best means in the remedial agency. But, the altered character, and diversified features so common through the prevalence of the last epidemic, of the summer of 1846, has convinced us of the fallacy of our conclusions. When we see a patient who but a few hours before was in apparent health, suddenly prostrated in the most profound coma, with a livid and bloated countenance, and great difficulty of breathing, and this state to continue on for some days in spite of all the means used for restoration, we have reason to conclude that some deadly poison has contaminated the vital functions. Were these symptoms to be rare and occur as exceptions to the generality of cases, we might have reason to conclude that such patients had taken poison to produce such effects. But, on the other hand, when they become of daily occurrence, as pathognomonic of the prevailing malady, we must conclude that there is a general cause altogether out of the knowledge of the patient. That *malaria* is the cause of such epidemics,

as well as all our common idiopathic diseases, there can be no question. Knowing that we live in a country abounding with this poison, that every breath is but contaminating the vital organs, what should be our study? To say that improvement, cultivation, the drainage of marshes and stagnant ponds and lakes, must and is the only thing to be done, to prevent its effects, would be absurd. Although our country is rapidly populating, yet owing to the present agitated state of national affairs, the tide of emigration must in a measure be farther westward, so that centuries must elapse before our land can become healthy from improvement. Yet our country must be settled. The suffering of Europe requires it. What must be done to save the emigrant from the prospective malady, and the resident from his living death? It strikes me forcibly that this should be the point of study. That much may be avoided by a choice and careful selection for residence, we admit; but this can only operate as a partial preventive. If a person takes an over dose of arsenic or any of the mineral or vegetable poisons, there are sure and known antidotes to neutralize their agency and prevent their disastrous consequences. Knowing, as we do, that our diseases are the result of a most deadly and subtle poison, the aim and study of the physician should be to discover an antidote to its effects. In order to administer with success in a case where a corrosive poison has been taken into the stomach, we must be at hand, to neutralize its agency before it produces such irritation as to terminate in the derangement or death of function and structure. Equally so in the case of malarious poison. This mode of induction we admit places the patient, or the subject acted on, within his own keeping. Such, we contend, is the case; for however sudden and appalling the paroxysm may come on, it has not been without prominent and premonitory signs. Its effects have been gradual and insidious; the effused conjunctiva, the pallid countenance, the coated tongue, the paleness of the lips, the oppression of the præcordia, the clay-colored stools and costive bowels, the scantiness and high color of the urine, the pain and lameness of the back and limbs, and crowded and aching feeling of the head—all denote that some deleterious agent is silently undermining the health. In this condition of the system, it is evident that the liver does not separate and secrete the bile from the blood; the kidneys and other secretory organs are equally deficient in the performance of their functions. This condition cannot long continue without some great derangement to health.

The point in dispute in this sequence of diseased action, seems to be whether the nervous or sanguiferous system is the first to yield to the potent agency of the poison. This is a point of great importance. Without wishing to dispute or doubt the opinion and authority of Dr. Southwood Smith and others, that the nervous system is the first to become involved, I beg leave to differ with them, as far as sectional *miasm* is the cause. That the nervous system has sustained a serious disturbance and is implicated in the phenomena of paroxysm and collapse, we admit. But in no other way can it be satisfactorily explained than that the nervous function is affected only through the circulating fluid. We are told by some writers, and in fact it is the opinion of most medical

men I have conversed with in the West, that the phenomenon of the paroxysm and consequent collapse, is the result of morbid excitability of the nerves, by which their natural balance of affinity with the sanguiferous function for the time being is destroyed. Admitting this to constitute the phenomenon, it is no more than secondary *at last*, and consequently the effect of long-continued diseased action.

The doctrine of excitability and irritability is but a vague theory, and productive of bad results, for it so blends cause and effect, as to leave the mode of treatment uncertain from the false premises on which it is based.

We know of no diseases in which correct diagnosis is of greater importance than in those of which we are speaking. Were the patient's life tampered with by the prescription being hastily made, what must be, what has been, the awful consequence?

I have advanced the idea of a mechanical disease. Is a mechanical disease the result of *malaria*, and how? The first and most obvious impression made upon the system, and which constitutes the first link in the chain of diseased action, is the depressing and debilitating effect of the atmosphere during the summer months. So striking is this fact, that it is noticeable by every one; the strong and healthy man who had labored without fatigue, previous to arriving in the country, acknowledges that he cannot stand half the labor here without fatigue and lassitude that he could in his native climate. The muscles seem relaxed, the brain and nerves seem to want their accustomed energy for action. The mind becomes indisposed for much reflection or study. The fulness of the veins, the lividness of the countenance and paleness of the lips, seem, in the next place, but too evidently to show that the blood is not only becoming thickened, but changed from its florid and vivid consistence to a dark and unhealthy state. These baneful effects on the cerebral organ, result, in a short time, in profound stupor and coma. We cannot fathom all the intricacies in the chain of diseased action, otherwise than to perceive that there is impairment of the assimilating, secreting and absorbing functions at the same time. Whether the heart, lungs, liver, &c., are simultaneously injured, cannot be told, more than to say the most prominent symptom clearly indicates the liver to have been the longest affected. Again, what part in the condition of the liver was first to become deranged—the closing of its ducts and consequent distension, or the vena cava or other veins failing in the performance of their great and important offices—we know not. However, it is evident that one or the other, or all, being so deranged, must soon produce that general congestion, which obstructs and overpowers the whole mechanism. The kidneys are almost as universally deranged as the liver; the urine becomes high colored and deposits a thick sediment; spasm of the sphincters of the bladder is a common attendant, becoming obstinate and distressing, as we have experienced in our own case. Autopsy, in a number of fatal cases, has afforded us opportunity to notice that the different viscera were under the influence of this poison; the minute vessels being entirely engorged with dark blood. It is, then, a combination, or series of all these phenomena in the more aggravated cases, that clog and derange the mechanism of

the human system; and it is most conclusively, therefore, a mechanical disease, and death results, in the fatal collapse, from mechanical obstruction. But, I shall be met with the argument that the obstruction is no more than the effect of an agent. This is admitted, but we hold good to our aim of not combining cause and effect.

Unfortunately for the physician as well as patient, in most of the aggravated cases which are met with, the physician is not called until collapse has already taken place. An icy coldness pervades the whole surface, with profuse clammy perspiration. The pulse have entirely disappeared from the wrist; a sonorous and labored breathing shows the powers of life to be at a low ebb. The grand object to be accomplished in this stage, is to assist nature in producing re-action, for without immediate and efficient aid, all hope is lost. Our plan has been to apply strong mustard or salt baths to the extremities, with hot spirits of turpentine to the whole surface of the body; at the same time administering stimulants of brandy, paregoric and sulphuric ether. Stimulants must not be administered with a timid hand; they must be given liberally, every five minutes, until full re-action takes place. Warm stimulating *enemata* should be administered. The practitioner should not be discouraged because such urgent means seem without effect at first—nor must he be intimidated, by the unfavorable conclusions or remarks of the by-standers; for we have succeeded in producing re-action in many cases where the pulse could not be felt for hours. The patient having rallied, no time should be lost in administering such agents as tend to prevent the periodical occurrence of the paroxysm. For this end, the safest and most reliable yet known, is quinine. As the portal capillaries have been congested from the commencement of attack, and the central action become consequently much impaired, some deobstro-stimulant should be united with, or given as auxiliary to the quinine. For this end, a combination of quinine, piperine and calomel, with the addition of a little camphor, may be administered together, or varied to suit the emergencies of the case. That the liver should be stimulated to throw off its load of viscid bile, is evident, before a healthy state of the blood can be had, and a uniform circulation throughout the central functions be established. We are well aware of the conflicting opinions in regard to the use of calomel; but they have all arisen from the abuse, and not from the judicious use of the article. That some constitutions cannot bear this mineral, in any form, without producing disastrous effects, we are well aware. The same objection may be brought against opium, or any other of the more powerful remedies, both of the vegetable and mineral kingdom. This exception is accounted for on the principle of idiosyncrasy, and can be learned only by experience of the patient's peculiar constitution. In a country like ours, made up with a new, scattered and vacillating population, it cannot be expected but that the physician, however judicious, may at times produce effects, that would have been avoided, had he the same advantages of knowing the general physical habits and constitution of his patients as are possessed by the medical man in New England. Again, our diseases occur with unexpected violence, and some treatment, equal to their emergency, must be adopted, or the patient is

lost. There is no well-informed, prudent practitioner, but what selects the least in the choice of these evils. As to the hap-hazard empiricism with which our country abounds, we are not responsible for it, although the conclusions have been too sweeping on account of it. I have been induced to make these remarks, because the epithet has been applied to me, and is as likely to be so against any other medical practitioner. That calomel operates as the most certain deobstruent that we possess, to meet the exigencies under consideration, there can be no doubt.

The surcharged state of the bloodvessels of the brain that invariably takes place in the paroxysm, showing the deficient, inferior circulation to be produced by the thickened state of the sanguiferous fluid, together with the concurrent symptoms already mentioned, in diagnosis, is evidence of the requirement of deobstruents. How far they are necessary to bring the blood to its vital consistence, is a point that judgment and experience only can decide. Yet it is certain that the blood in this state cannot long sustain the powers of life, while the whole central organs and functions are crowded to a state of stagnation.

Great gastric irritability and vomiting are almost always attendant on the paroxysm, or on the occurrence of re-action, tending no less to the exhaustion and distress of the patient, than to the perplexity of the physician. The medicines so necessary to be retained by the patient, to prevent the periodical return, are repeatedly thrown from the stomach, in spite of all his efforts. Morphine, combined with quinine and calomel, with a little addition of camphor, given in the form of pill, will be the most likely to be retained in this state of the stomach. Strong sinapisms should be applied to the epigastrium and the extremities, to allay irritability and equalize the circulation. Morphine applied endermically to the epigastrium, after producing irritation or vesication, is often attended with the happiest results. Under these circumstances, that we lose no time, which is so important to the life of the patient, the quinine should be administered in enema as often as every third or fourth hour, combined with thirty, forty or sixty drops of laudanum. That calming the accumulation of nervous excitability and irritability, gives much relief, and forms an important step in the plan of therapeutics, there can be no doubt; but that the irritation and excitability are the result of the contaminated and oppressed state of the circulating fluid, is equally clear to my mind.

How far quinine is to be relied upon as the antidote to neutralize this poison, time and circumstances alone can determine. At present we seem to possess no other agent that will equally prevent the periodical return. As to the operation of quinine and its mode of administration, there are diversified and contradictory opinions. While some think it acts only as a stimulant or tonic, others deny that it possesses tonic or stimulant properties, and assert that it acts only as a sedative or sudorific. While one class say it should be given in extremely large doses, with intermissions of ten or twelve hours, others say it should be given in small doses of one or two grains every hour or two. While such contradictory notions prevail as to the operation and administration of such a potent

remedy, much confusion and uncertainty, to say nothing of danger, must exist. And there is much reason why the people are becoming as generally prejudiced against this medicine as they are against calomel. From my knowledge of it, I believe it operates similarly to opium, and is as variable in its effects. It may be given to accomplish wide and varied purposes, according to the condition of the patient's system, and its combination with other medicines. We have given it in five-grain doses every two hours, with twelve hours' anticipation of the paroxysm, and found, for a certain length of time, it acted as a stimulant or tonic, in sustaining the fulness of the pulse; and after the paroxysm had been passed, or resolved, its continued use was sedative, the pulse becoming less frequent and smaller. Again, when given in one or two grain doses, combined with morphine or Dover's powder, every three or four hours, after the *prima via* were well cleared, it proved a valuable sudorific and febrifuge; and with the qualification spoken of, we have never found it to increase the pyrexia, when continued through the stage, as many contend; but on the contrary speedily terminating the exacerbation and preventing its return.

But does its tonic, stimulant or sedative property account for its preventing the periodical paroxysm? My opinion in regard to this, is, that it operates mainly in two ways. In the first place, it appears, if timely administered, to be an antidote in neutralizing the poison of malaria in the circulation, and a deobstruent at the same time. That it is a powerful deobstruent we have had abundant experience to prove. We have known cases of extensive caking and induration in the spleen and pancreas, to soften down, as by a charm, under the use of this agent alone. We have every evidence to believe, that with a right and proper preparation of the system, the functions of assimilation and absorption are favorably controlled by its deobstruent property. How it acts as a deobstruent, and consequent resolvent, we know not, any more than we do of calomel. That it operates independent of *this property*, as a chemical antidote to neutralize the ethereal (if I may so term it) poison of the blood, is demonstrated by the paroxysm continuing when it is omitted and other potent deobstruents continued. That it operates, too, independent of all other deobstruents, in preventing the paroxysm, is demonstrated by the paroxysm not returning when given alone, but the reverse of this takes place under the exclusive use of other deobstruents.

I know it is argued, by some physicians, that no deobstruent is needed, in the cure of ague, or periodical congestive fever; that so long as the fit is broken by quinine, it is sufficient. This notion is completely refuted by the great number of relapses and re-relapses in the same patient, where tonics and stimulants alone have been used, during the past season. The visceral obstructions remain the exciting cause of diseased action.

Can this poison be timely neutralized in the system, and its consequent bad effects obviated! It is my opinion that by far the greater number of cases might be prevented, by mild, safe and easy means, if used before the prime functions become seriously deranged. But the popular voice is against the voluntary and timely advice of the physician. Peo-

ple are too much influenced by the traditionary and capricious notion that anything, assuming the form of ague, should be worn out, or that it is of no use to take medicine so long as one can keep about. There is no doubt that the *miasm* is more and longer emitted in some seasons than in others, and the patient is sometimes hardly relieved or convalescent from one attack, before he is down with another from fresh imbibition; so that it may appear, under these circumstances, almost useless to take the antidote or use preventives. But I hold that if the antidote had been judiciously used before the prime functions became impaired, at length, under a judicious acclimating process, the constitution would become so little susceptible to the miasm, that the diseases and death now so frequent would become exceptions to the general rule.

The pathology and therapeutics of our western diseases will be continued in a future No.

ANDREW STONE, M.D.

Crown Point, Lake Co., Ind., Jan. 18, 1847.

TO THE MEDICAL PROFESSION OF MASSACHUSETTS.

[The following Circular of the Berkshire District of the Massachusetts Medical Society, signed by Drs. Worthington and Sabin of Lenox, Childs of Pittsfield, Jennings of Richmond, Fitch of Otis, Babbit of Adams, and Sabin of Williamstown, was adopted by the District Society at a meeting held in November last, and is published in the Journal by request.]

It is a subject of congratulation that the profession of medicine is largely sharing in the *rapid progress* of the arts and sciences which distinguishes the 19th century; notwithstanding the variety of novel forms which empiricism assumes, and the bold pretensions of exclusive systems of practice. The grand object of *medical association* is, we conceive, to contribute to this *progress*. Another, and by no means an unimportant object, is the cultivation of harmony and good feeling among the members.

Does the present organization of the Massachusetts Medical Society fully meet these objects? We think not. While we entertain all proper respect for the early enactments of the Legislature, designed for the benefit of the medical profession, we must recognize the principle that great changes of circumstances call for corresponding changes in all human laws. The Massachusetts Medical Society was formed in 1781, when the population of the State was relatively small, and the number of physicians proportionally so; and when, in consequence of the sparse and scattered population of the country, the difficulty of communication between the practitioners themselves, and other adverse circumstances, the benefits of medical association were of necessity chiefly confined to Boston and a few large towns. The present organization might have been well adapted to the then existing state of the Commonwealth, and wholly inappropriate after the lapse of more than half a century.

To show that it is now both inoperative and impracticable, we state a few facts. In the county of Berkshire there are about *one hundred* regular physicians, and of these only about *twenty* are members of the Massa-

chusetts Medical Society. In some of the other counties the number of the regular physicians exceeds that of the members in nearly the same ratio. It is believed that not one half of the regular physicians in the State belong to the Massachusetts Medical Society. In this county great efforts have been made, at different times, to induce physicians to join the Society, but with very little success, as its present condition and numbers attest. The uniform objection urged against connecting with the Society is, that under its present organization the *burdens* of the State Society must be borne by *all*, while its *benefits* are in a great degree confined to a few.

It will be remembered that, in order to be a member of a District Society, the physician must first become a Fellow of the Massachusetts Medical Society; and thus the State Society, instead of cherishing the District Societies, has become the great obstacle to their success. We only allude to the fact that the funds, the library and the meetings, are confined to the city of Boston, and can be of little advantage to the great majority of the members.

Without going further into details, with which all the members are familiar, this Society deems it a duty to express its unanimous opinion, that the present organization of the Massachusetts Medical Society is radically defective, in that the District Societies are made the creatures of the State Society, and that, while this obnoxious feature is retained, it will effectually defeat all endeavors to elevate the condition of the local District Societies.

The new plan of organization which this Society beg leave to suggest, is essentially that now in successful operation in New York, Connecticut and other States. By the adoption of this plan, the profession in each county or district will form for themselves local county or district societies, and the State Society will be composed of delegates from the several local societies. Thus the whole profession of the State would enjoy all the advantages of local associations untrammelled—and with them all the benefits that can flow from any State Medical Society.

In accordance with these views, a memorial signed by *every regular physician* in the County of Berkshire, will be presented to the next Legislature, praying that the *Massachusetts Medical Society may be re-organized*—and in default of such re-organization, that the Profession in the County of Berkshire may be constituted a separate and distinct medical society, clothed with the usual powers and privileges pertaining to such bodies. The first of these two alternatives we should greatly prefer—believing it, as we do, to be a measure fraught with good to the whole profession of the State.

The profession in the several counties are respectfully invited to consider the matter, and, if it meet their views, to co-operate with the profession in this county in this and all other honorable means for securing so desirable a result.

STRANGE SUBSTANCE VOMITED FROM THE STOMACH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wrote you under date of Dec. 28th, 1846, accompanying a substance thrown from the stomach of a lady of this place, and promising farther facts in the case. The following I have collected, as facts, and which I believe are strictly correct.

November 17th, 1846, at 11, P. M., was called to see Mrs. N., aged 57. Has complained, for about ten years, of a disagreeable sensation at the stomach, which she described as a violent motion, with faintness and sinking. I was told, by the messenger who came for me, that she had vomited an animal resembling a viper, and that she continued to vomit blood frequently.

Found, on visiting the patient, that on the 31st of October preceding, she had, while eating a dish of sea fowl, accidentally swallowed a bone, which seemed to trouble her much, although she could not refer the sensation produced by it to any particular part, but sometimes referred it to the stomach, at others to the left side, and again to the throat. She continued nearly in the same state, until Nov. 11th, when there was a sense of suffocation, sickness at the stomach and violent retching, in course of which the substance was thrown apparently, and as the patient affirmed, from the stomach, together with about half a pint of blood. I found her with cold extremities, a pale and cadaverous countenance; pulse small, thread-like, occasionally intermitting, and 50 per minute; occasional hic-cough, voice feeble, and the whole system seemingly prostrated beyond recovery, and copious ejections of blood, with violent pain referred to the stomach. I exhibited diffusible stimulants, with one fourth of a grain of morphine. The pulse soon rose to 90. Being under the necessity of leaving her in about two hours, I directed a course of treatment calculated to allay urgent symptoms merely until my return, and left her comparatively comfortable, though with the belief that she could not recover.

Nov. 18th, 10, A. M.—Found the patient free from pain; has not vomited blood since last visit; pulse 60, very small, and fast sinking. Pursued the same course as yesterday, when the patient seemed to revive.

19th.—Was called a number of miles in an opposite direction, and did not see the patient.

20th, 11, A. M.—Found the patient much worse, and predicted to the friends that she would not live through the night, which was the case, as she died at 11, P. M.

Now for a history of the substance in question—or, as I suppose it to be, the polypus. It had been macerated in water from the 14th, at 10, P. M., until 11, P. M., of the 17th. I found the bone firmly attached by a thin membrane to the upper part. The body was 11 3-4 inches long, and in the largest part was 1 3-4 inch in circumference. Attached to the small part was what appeared to be, and what I still think was, portions of the villous coat of the stomach, which measured 4 1-2 inches one way by 5 inches the other. I placed this in spirit, when it seemed, particularly the attachment spoken of above, to become contracted and indurated. In the course of ten days the spirit had become so highly colored

I changed it into a pint of new, when it seemed to undergo a further contraction. The bone was very firmly attached by a thin membrane, and in the examination was somewhat loosened.

I spoke in my former letter of a difference of opinion. The substance has been submitted to the inspection of a number of physicians here. Some believe it to have been a polypus, and the sensation at the stomach of the patient for the last ten years, warrants this belief; while others believe that it is merely coagulated blood, which was induced by the irritation of the bone upon the villous coat of the stomach, and that a portion of the above coat was detached, and an injection of blood from a wounded vessel caused the growth of the substance in question. I have made an incision into the substance, and find it composed in part of thin membranes lying parallel to each other, while the remainder seemed to be of a fungous growth. Since it was placed in spirit it has undergone an organic change. By giving your opinion, you will much oblige many. It is proper perhaps to add, that a *post-mortem* examination could not be had, on account of the repugnance of the friends.

I remain very truly your ob't serv't,

MT. DESERT, ME., Feb. 27, 1847.

W. A. SPEAR.

[The substance above described may be seen at the office of the Medical Journal.—Ed.]

DR. WARREN'S VALEDICTORY TO THE MEDICAL SCHOOL.

[Communicated for the Boston Medical and Surgical Journal.]

TUESDAY, 3d inst., being the concluding day of the course, Dr. Warren gave his last lecture to the Medical School. In consequence of a report, that upon this occasion he would take final leave, a numerous audience, consisting, besides medical students, of the medical faculty, many physicians, and a number of gentlemen of the other professions, were assembled to listen to the last words from the lips of the distinguished professor, upon resigning the chair so honorably occupied by him for forty years. The address not being written, but altogether oral, cannot be given at length, but we have obtained notes of some of the principal topics, which so far as they extend can be considered accurate.

After finishing the demonstrative part of the course, the Professor said, that it was natural under existing circumstances to look back to the origin of the school, to its progress in coincidence with that of the medical science of the country, and to the state in which it now existed. With this view he gave a sketch of the history of the medical school, of the advancement of the medical profession since the transfer of the school to Boston, and of the course to be pursued for the further improvement of medical science. He said that the first anatomical lectures in Boston were given by his father and predecessor, Dr. John Warren, in 1781, in consequence of his having peculiar opportunities for observation and dissection in the Military Hospital of the Revolution at Boston. These lectures led to the formation of a medical school at Cambridge, which was

transferred to Boston in 1809. The school began its operations in this city at No. 49 Marlboro' street, where the medical students and the profession generally first had an opportunity of practising dissections. The number of students gradually increasing, a college was erected by the liberality of the State Government, in Mason street, in 1816.

A deficiency of subjects existing soon after this period, an application was made to the Legislature for its aid and protection, which led to the enacting of a law in 1830, legalizing the study of anatomy. This law, so necessary to the wants of the community, placed anatomical science on the same ground with other useful sciences, supplied the community with better-educated surgeons and physicians, had a valuable operation on other States, and extended its influence even to foreign countries. Its action here had indeed been too limited hitherto, not from a defect of the law, but from its imperfect execution. Perhaps, however, neither this nor any other law, would produce adequate results to medical instruction, until the prejudices against dissection were removed by the influence of the respectable part of the community. The example should be set by the medical profession themselves, of devoting their remains to public instruction, instead of immuring them to be the food of disgusting animalcules.

While the Medical School developed itself, the medical profession advanced in usefulness and respectability. The re-organization of the Massachusetts Medical Society in 1806, produced a harmonious action of the physicians of this Commonwealth in the establishment of tests of medical knowledge intelligible to the community, and enabling them to distinguish between the man of science and the pretender. The improvements in surgery did not linger behind those in medicine. Dr. Warren, the founder of the medical institution, being thoroughly versed in anatomy, and bred in the best school of surgery, the army, was for many years resorted to for the principal operations in this city and its vicinity. He performed the great operations of lithotomy, trepanning, amputations, and others, with a facility and success, which could not be surpassed. But a number of the great operations of Europe had not made their way into this part of the country, and it remained for the speaker to introduce those of hernia, the ligature of arteries, staphyloraphy, and others, which had never been practised here before. In truth, he considered, that his mission had been to transplant the surgical science of Europe. Now that this was done by the united efforts of himself and his brethren, who had visited the foreign schools, the soil seemed to be prepared for the production of original improvements and discoveries, not only in this, but in the other departments of medical science. And here he might notice the invaluable means of preventing pain in surgical operations—a discovery, which every medical man, and especially every practical surgeon, must hail with unmingled satisfaction.

The wants of the poor, and the necessity of practical instruction, induced the gentlemen of Boston to raise a munificent sum of money for a hospital, which, being aided by the Legislature, led to the erection and opening of one wing of the present building in 1820. It has been gra-

dually augmented in extent, and improved in its accommodations, till it vies with, or even surpasses, the more enlarged establishments of Europe. Here it may be said, in a word, that nothing human means can provide is wanting for the comfort and recovery of the sick.

These various improvements connected with the medical school were not obtained without much labor on the part of those concerned in its management and instruction. Among those who contributed their laborious efforts to the acquisition of the means of medical instruction, one of the most active was Dr. James Jackson, late Professor of Theory and Practice of Medicine, whose learning, assiduity, and sound judgment, were always conspicuous, when any difficulty was to be removed, or any new object to be obtained.

From 1816 to the present time, this medical school has been increasing in importance, until the halls in Mason street were filled to overflowing, and it became necessary to seek a new spot for the accommodation of its growing numbers, which was opened to it by the liberality of Dr. George Parkman. The institution now seems to present all that can be desired for elementary instruction, so that a student can have no occasion to resort to foreign countries, until he has exhausted the materials so freely presented here, and laid the foundation for that knowledge, which can be obtained from larger hospitals and the wider range of science existing in the schools of Europe.*

The Professor then proceeded at some length to advise the young medical student, as to the successful prosecution of his studies. He showed, that no opportunities for instruction would be available without a reciprocal exertion of the intellectual powers; that vigorous efforts of attention, memory and reflection were indispensable to the acquisition of solid learning, and that a large number of students lost irrecoverably their most valuable opportunities, and the best period of their lives, from a thoughtless neglect of mental activity. The young physician, he said, is anxious for practice and impatient of its delay. He does not understand, that others older than himself have a stronger claim on the public confidence, because they are possessed of that facility in discovering and remedying disease, to the acquisition of which they can arrive only by experience and years. Instead of indulging in these discouraging sentiments, he should assiduously devote his time to attending as many of the poor as may ask for his aid, and while relieving their sufferings he will acquire that practical skill, which will give him a reputation among the classes who are able to reward his labors. He should industriously occupy those leisure hours, of which a multiplied practice will hereafter deprive him, in accomplishing himself in the literature of the higher branches of his profession. He should also devote himself to the examination of the dead bodies of the victims of disease, and a careful study of their pathological appearances, which will afford him fruitful subjects of meditation,

* It was to some a matter of surprise that among the other advantages of the Medical School, the Professor omitted to mention, either from modesty, or want of time, his valuable collection of anatomical preparations, which he destined, it is said, to become the property of the University for the use of the School.

when he compares the morbid phenomena with the living symptoms. Among other researches well worthy the attention of the young physician, are those afforded by comparative anatomy.

The structure of animals, from the highest to the lowest, presents so strong an analogy to that of man, and exhibits in so wonderful a manner the hand of an Omniscient Power, in the adaptation of the organs to the habits and wants of each class, as abundantly to reward the labor of the investigator. It also gives him the habit of dexterously using those instruments he would be called on to apply to the living human body. The field of comparative anatomy, he said, is vast, and in a great measure uncultivated, so that there is abundant space for every one to distinguish himself by the discovery and description of new objects. And in this country particularly, there exist a multitude of animals, whose structure has hitherto escaped the researches of European science. While such opportunities as these present themselves, no young physician can complain, that his time is wasted for the want of interesting subjects of inquiry.

A kind and cheerful spirit should form a part of the character of every physician, whether young, or old. Those visited by disease desire a cheerful sympathy in the physician who attends them, because they are thus induced to believe that he takes such an interest in their welfare, as will lead him to a careful investigation of all their symptoms, and to a diligent application of the means which may remove them. They regard every movement and expression with the utmost watchfulness, and their hopes rise or sink in a degree corresponding with these appearances. Many patients have lost their lives by a discouraging prognostic, and many have revived by a cheerful assurance of recovery.

The morals of a young physician are not less important than his manners. He who has at his control, through the unknown remedies he may employ, the lives of his fellow men, and the happiness of their families, requires a sensitive conscience to conduct him through all the mysterious and dangerous paths of medical duty. This sensitiveness is indispensable to the preservation of that interest, which may languish under the pressure of professional fatigue. Doubt may sometimes obscure the course of his treatment, but whenever the indication is clear, no occupation, no apprehension should for a moment prevent its due execution.

Under the head of morals should also be comprised the treatment of professional brethren. Much of the usefulness and much of the respectability of this, and of the other professions, depends on the conduct of its members towards each other. Members of the same class are supposed to have a better knowledge of each other's pretensions to science, than do the rest of the community; consequently every insinuation of misconduct or bad judgment, in regard to another physician, will be likely to excite in the mind of the listener a suspicion that may some time re-act on its author. Among many other evils that result from this pernicious habit, may be ranked the increasing number of prosecutions for what is called *mal-practice*. These prosecutions, which may involve the reputation of every physician and surgeon, whatever his standing, have almost always been traced to the private hostility of a rival in the professional

career. And it may be said, that, while they deeply wound the character of the party assailed, their malignant influence almost always extends to him from whom they had their origin. While therefore we should always be faithful to our patient, we cannot be too careful of giving any opinion, which may operate unfavorably on another practitioner.

The speaker then alluded to the subject of empiricism, and showed, that it always had existed and always would exist, because men afflicted with disease were naturally inclined to trust in the strong assurances which belong to that art; that therefore it was useless to attempt to repress it by any direct efforts, and that the true mode of combating its evils was by the acquisition of sound knowledge, by a liberal and charitable disposition towards the poor, by elevating the character of the medical profession, and especially by taking a deep interest in every project which tends to advance the progress of science, or ameliorate the condition of our fellow men.

With these and other remarks, which cannot be introduced here, the Professor took leave of his audience, by wishing for his students a continued zeal in the prosecution of their studies; for the candidates for graduation a triumphant passage through the narrow gate that leads to professional honors; and for the young practitioners abundant opportunities of relieving the poor, an adequate reward of their labors from the rich, and, above all, a conscientious discharge of their duties through life.

Boston, March 14, 1847.

FOREIGN SUBSTANCE IN THE TRACHEA.

[Communicated for the Boston Med. and Surg. Journal.]

SNEEZING has generally been viewed in rather a ludicrous light, and mentioned only for the purpose of ridicule or merriment. We know that when the schneiderian membrane is stimulated under certain circumstances, it is affected with a kind of spasmodic motion, and that many of the muscles of the body are brought into powerful sympathetic action, which, when yielded to, produces a peculiar kind of effort that is ludicrous in the extreme to behold. I have read of one that always turned a complete sumerset whenever he sneezed. But this wonderful age of pepper, steam, telegraph, and letheon gas improvement, has discovered that even *sneezing* can be made an important remedial agent, or, at least, a substitute for a difficult and precarious surgical operation, and is entitled to an honorable place in the long catalogue of "New Remedies" that are going the whirl of modern medical practice.

A child of Mr. B. Finch, of this town, aged 2 1-2 years, had the misfortune, on the 18th of September last, to swallow a plate of brass metal, three fourths of an inch in length, and one fourth of an inch wide at one end, and three eighths at the other. It was the whole of a circular plate from the end of a spool of thread, as prepared for market by the manufacturers, the like of which every body must have seen. Two sides had been doubled over, so as to give it the shape above described, and in the act of bending, the rim at one corner had been broken and turned

out, so as to form a hook or kind of barb, which rendered it to look at a very unpleasant morsel to be lodged in the trachea or œsophagus, in one of which places it had evidently been deposited. The annexed diagram will give a tolerably correct idea of its shape, but as I have not, at the present time, the thing at hand, it may not be in all points exact. From the absence at the first of much evidence of tracheal irritation, the physician who was sent for, very rationally concluded that it had taken the direct route to the stomach, and introduced a probang, and, for the present, all seemed to be right.



The symptoms, however, soon showed that the contrary was the fact; a cough and difficulty of respiration, resembling croup, followed. The cough, after a while, abated; but the difficulty in breathing, with emaciation, continued, with a total loss of the voice, and these symptoms remained for the space of six weeks from the time of the accident. During this time the child was presented to the Faculty of the Geneva Medical College, some of whom recommended tracheotomy, but from the uncertainty of the location of the offending material, the operation was deferred from time to time, till the child accidentally sneezed and threw it up. The child has been, much of the time since, afflicted with laborious respiration, accompanied with a wheezing sound between asthma and croup, but seems likely to recover its former state of health.

Phelps, N. Y., March 4, 1847.

C. BANNISTER.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 17, 1847.

Dr. Lee's Valedictory.—It is becoming a custom, at many of the schools, for one of the Faculty to give some parting advice to those who are leaving the school and about beginning professional life for themselves. The idea is a good one: the mind of the student is plastic, and, especially when placed under the circumstances of a perpetual separation from those with whom he has been associated for years, to enter upon new cares, and a circle of untried responsibilities, is in a fit condition to appreciate the kind wishes of wise, experienced instructors. On the 25th of January, Dr. Lee, of the Chair of Pathology, Materia Medica, &c., in the Geneva Medical College, addressed the graduates of that institution in a manner to command their admiration, and by them the discourse has been published. Were there less of it than there is, or were our dimensions greater, it might have been transferred to the pages of the Journal. If an occasional extract be taken, the force and beauty of the performance would be lost. Under these circumstances, it is unnecessary to say more than that Dr. Lee's reputation is well sustained in it as a clear, judicious writer, who is endeavoring to give the world full weight and measure, both in literature and science, in whatever position he may be placed.

Genesee Co., N.Y., Medical Society.—By request, Moses Barrett, M.D., delivered an address at the annual meeting of the Genesee Co. Medical Society, held at Batavia, Jan. 12th, which was warmly received. The orator dwelt on the present state of medical practice, and made it apparent that the public have not so much confidence in the regular profession as formerly. This has been brought about in part by the desire of individuals to become prominent men and leaders among the brotherhood. In other words, notoriety—a reputation for being something when they are really nothing, has been so frequently noticed by those who influence the public sentiment, that people have imagined, in their disgust, that the trickery of a few was a characteristic of the whole. Again, an eagerness to heap up riches suddenly, by the exercise of cunning, in announcing remedies not warranted by experience, and thus operating upon the marvellousness of that portion of society which is always in readiness to swallow down the last patented drug, has had its influence.

Dr. Barrett intimates that medical men possess too little confidence in each other. This is a fact which the people discovered long ago, and it has operated, consequently, to their disadvantage and embarrassment. "But the most disastrous of all to the interests of our profession," says Dr. B., "is the conduct of those, who, called around the sick bed to relieve present suffering and to devise means to arrest the fatal shaft of disease, fall into open disagreement, and forgetting the important object for which they met, descend to personal abuse and mutual recrimination."

Swedenborg's Scientific Tracts.—A correspondent of the New Jerusalem Magazine, published in Boston, has furnished a synopsis of a series of tracts on subjects of science, written by the far-famed Baron Swedenborg. They have been hidden in the Latin language for quite half a century, and having now been translated into English, are open to the inspection of all who admire the genius of the gifted author, however much they may differ from him in religious views.

"There are," says this writer, "a series of chapters on the *Red Blood*, which, in general terms, resume the principles of the *Economy and Animal Kingdom* in a manner the most pleasing and comprehensive. The reader who masters this little work, containing 23 chapters in no more than 16 pages, will have a good grasp of the author's doctrine on this important subject.

"The same remarks apply to the next Tract, *On the Animal Spirit*, in 16 pages and 17 chapters. In a word, these little brochures, on the subjects of which they treat, contain the finest gems that are to be found in the author's large philosophical works.

"The Tract on *Sensation*, which occupies 8 pages, contains 13 chapters, and treats of important subjects.

"In speaking of *The Origin and Propagation of the Soul*, the author advocates at some length the views with which your readers are familiar from his theological works. For example, we have the following headings: Chapter I. The soul of the offspring is derived from the soul of the parent. II. It is conceived in the male, but clothes itself in successive order with the requisite organic forms of the posterior sphere, in a word, with the body, in the ovum and womb of the mother. III. The simple substances of the soul, or the primary animal forms are conceived and excluded by a

transcendent process in the simple cortex of the brain, and thus in every living creature the soul is procreated. IV. The body and the animal kingdom are at an end as soon as ever this living spring and perennial source of the soul are stopped. This tract contains but 4 pages."

The Surgical Adjuster.—No one at all conversant with the construction of Dr. Jarvis's very powerful instrument for reducing luxations, pretends to call in question its utility; but the complaint is becoming general, that the price places it quite beyond the reach of country practitioners. All the cases that might fall under any one's practice in a year, under ordinary circumstances, would not yield fees enough to pay for an adjuster; and hence, scores, who would be glad to own one, are really obliged to resort to old contrivances. The manufacturers have doubtless engaged in large expenditures to make them with facility, and it is perfectly right that they should be well paid for their labor. Still, it is believed to be within the limits of possibility to reduce the price, or leave them in a less highly finished condition, and thus meet the wishes of surgeons, most of whom cannot afford to pay the price demanded. Being patented, those owning the right to produce them are the only manufacturers. This, too, is all fair, because it is a right guaranteed by the law. Unless some method is devised for meeting this condition of things, it is to be feared that some ingenious mechanic will by-and-by bring out another invention, less costly, that may prove a very tolerable substitute. With a view of sustaining Dr. Jarvis's invention, and having him enjoy the full benefit of his ingenuity, these suggestions are thrown out.

Sick and Disabled Seamen.—One of the late Congressional documents comprises a letter from Dr. Ruschenberger, Surgeon to the U. S. Naval Hospital in New York, to a member of Congress, relative to the expenses of the Marine and Naval Hospitals. From it we make the following quotations respecting these important institutions.

"By an act approved July 16th, 1798, a tax of twenty cents monthly was levied on the pay or wages of all seafaring people; and, in consideration of the payment of this tax, collectors of ports are directed in the same act to 'provide for the temporary relief and maintenance of sick or disabled seamen in hospitals.' Under this law all seafaring people who pay this tax, or 'hospital money,' are entitled to the 'relief' specified or intended.

"The rate of the tax thus levied is very heavy, as may be seen by comparing it with the amount of seamen's resources. For example, in the navy the total pay and emolument of a seaman are, annually—pay \$144, and rations \$73; equal to \$217. From this sum he pays yearly \$2 40, or more than one per cent. (1.10) on his total income. This is not an income tax, nor a property tax, but a tax upon the liability to misfortune of a class whose pursuit is eminently perilous to health and life.

"An act approved March 2d, 1799, levied the same amount of tax (to be applied in the same way) on persons serving in the navy. Officers, seamen and marines under this act were entitled to the same advantage as sailors in the merchant service. The fund resulting under the operation of these two acts constituted the '*marine hospital fund*.'

"By an act approved February 26th, 1811, the moneys, or tax collected from persons serving in the navy, were separated from the marine hospital

fund, and constituted a fund under the title of 'navy hospital fund,' as no person in the navy had derived any advantage from the marine hospital fund between the years 1799 and 1811; and as it was fairly shown that the navy had paid at least \$50,000 into it, this sum was taken from the marine hospital fund and paid over as the foundation of the navy hospital fund. By the act of 1811 the Secretary of the Navy, the Secretary of War, and the Secretary of the Treasury, were constituted commissioners of this fund; but, by an act approved July 10th, 1832, the Secretary of the Navy became the sole commissioner.

"The act of 1811 provides not only for the temporary, but also for the permanent relief of sick and disabled officers, seamen and marines; and under its authority the naval asylum at Philadelphia was erected."

"From public documents I learn that the aggregate of hospital money collected from the merchant service for the year 1842 was \$72,429 32, and the expenditure for the same year was 93,531 68; that the expense of sick and disabled seamen in the merchant service exceeded the receipts \$21,102 36 for the year 1842, and for the half year ending June, 1843, the expenditure exceeded the receipts \$9,129 77. Last year \$25,000 were appropriated by Congress to meet the deficit of the marine hospital fund; and unless some means be devised to prevent this annual deficit, it will probably increase from year to year."

Dr. R. suggests several modes of reducing the expenditures of the marine hospital fund, and also of increasing the receipts of the navy hospital fund, but we believe no action was had by Congress on the subject.

Immense Dropsical Effusion.—Dr. Ames, of Wayland, Mass., in forty-one operations, drew from a lady in that town, who died not long since, *fourteen hundred pounds of water!* She was small in stature, and slender before the dropsical disease appeared. On one or two occasions two pailful of fluid were taken away at the same time. The lady, immediately after each operation, till towards the close of life, was so completely relieved, that she at once assumed the management of her domestic duties.

There may have been more remarkable cases on medical record, but nothing, we believe, more striking has occurred in this region.

Boylston Medical School.—This school has been commenced by a number of young medical gentlemen, who have the desire to see reform in their profession. Without any want of respect for the result of the labors of older men, they are ready and anxious to do something themselves to add to the respectability and knowledge of their junior brethren. There is no reason why their plan should not succeed. A regular course of lectures and recitations with dissections, plates, specimens, and other means, which they have, or will have, at their disposal before long, ought to induce students to join with them. It is to be hoped that the profession at large will give their school the encouragement which it is the intention of its instructors to deserve. The number of students is quite small, but we believe that before the year is completed it will be very much increased. Every facility for the study of practical anatomy is at their disposal; their dissecting room is well furnished with tables and supplied with material. A course on organic chemistry is in preparation by Dr. Bacon, a gentleman well known to

the profession for his attainments, and we believe it will be the first complete course on this subject that Boston students have had a chance of listening to. In the other branches, apparatus, &c., for lecturing will be ready before long. On the 1st instant Dr. E. H. Clarke delivered to the school an introductory lecture, an abstract of which will soon appear in this Journal. It was listened to by a small but attentive audience, among whom were several of the city practitioners, and one of the corporation of Harvard University.

Baltimore College of Dental Surgery.—The annual commencement of this institution recently took place at the new college building, on Lexington street, near Calvert. The evening was devoted to the exhibition of mechanical specimens of the teeth, and an address from Professor Bond.

At half past 7 o'clock Prof. Harris introduced Prof. Westcott to the audience, which was composed of a most respectable number of ladies and gentlemen, and students of the College. Prof. Westcott came forward and explained to the audience the various mechanical specimens of teeth which were deposited on the table for exhibition, and which he said were put up by the students of the College, during the term just closed—many of them during the past two weeks.

Prof. Bond was then introduced to the audience, and delivered an eloquent and instructive address to the young gentlemen composing the graduating class.

Dr. Parmly, of New York, the chairman of the awarding committee, then presented, in a neat address, to Dr. John Waylan, of Pa., the award—a handsome case of medical instruments—this young gentleman having exhibited the greatest proficiency. Dr. Parmly then delivered a short, but entertaining address, written in easy verse, in which he described the difficulties under which he labored in obtaining his profession, and how, by assiduous and persevering efforts, he overcame all obstacles and succeeded in permanently establishing himself. The address was very appropriate and full of encouragement to the young graduates.

TO CORRESPONDENTS.—“The Bronchitis War—Dr. Reese Again.” by “M.” has been received.—Several papers on hand have been deferred several weeks, and their insertion must be delayed some little time longer, but will be attended to as early as practicable.

MARRIED.—In Glastenbury, Conn., Dr. Leman J. Andrus to Miss M. A. Tryon.—In Chester, N. H. Darius A. Dow, M.D., to Miss Mary G. Quigg.—Edward D. Brown, M.D., of Charlestown, Mass., to Miss Sophia D. Hermine, of Canada.—Dr. David Burr, of Ridgefield, Conn., to Mrs. H. Griffith.—At Norwich, Conn., A. W. Coates, M.D., to Miss H. E. Lytleman.—Dr. Robert Crane, of Middlebury, Conn., to Miss L. Beardsley.

DIED.—At Dummerston, Mass., Dr. Jotham Burnett, 66—of pulmonary consumption.—At Auburn, Mass., Dr. Melzar Flagg.—At Stockbridge, Ms., Dr. Thaddeus Pomeroy, 82.—At Haverhill, N. H., Dr. Rodney C. Messer, 23.

Report of Deaths in Boston—for the week ending March 13th, 36.—Males, 22—females, 14. Stillborn, 4. Of consumption, 6—typhoid fever, 8—brain fever, 1—scarlet fever, 1—lung fever, 4—infantile, 3—croup, 2—disease of the heart, 2—apoplexy, 1—teething, 1—dropy on the brain, 1—pleurisy, 1—inflammation of the lungs, 1—intemperance, 1—debility, 1—diarrhoea, 1—disease of the bowels, 1.

Under 5 years, 13—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 6—over 60 years, 0.

Medical Appointment in the Regular Army of the United States.—To persons desirous of entering the medical staff of the regular army, the following information from a responsible source will be acceptable :

It is prescribed by law that "no person shall receive the appointment of assistant surgeon in the army of the United States unless he shall have been examined and approved by an army medical board, to consist of not less than three surgeons or assistant surgeons, who shall be designated for that purpose by the Secretary of War."

Applications for permission to be examined for the appointment of assistant surgeon must be addressed to the Secretary of War ; must state age and residence of the applicant ; and must be accompanied by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the medical staff. These proving satisfactory, invitations are accordingly sent to the applicants.

The medical board of examiners rigidly scrutinizes the pretensions of each candidate, taking into consideration his physical qualifications and moral habits, as well as his professional acquirements ; and reports favorably upon no case admitting of a reasonable doubt, as the health and lives of the officers and soldiers are objects too important to be committed to ignorant and incompetent hands.

Section 8 of the army bill, approved February 11, 1847, authorizes the appointment of "two additional surgeons and twelve additional assistant surgeons in the regular army of the United States." After the promotion of two assistant surgeons to the advanced grade of surgeon, and the appointment of the candidates who were examined and found qualified by the last medical board, there will still remain nine appointments of assistant surgeons to be made under the provisions of the section just quoted.

An army medical board has accordingly been ordered to convene in the city of New York on the 15th of this month (March), for the examination of such candidates as may be authorized by the Secretary of War to present themselves. Applicants from a distance are notified that, as the board will probably be in session for a month, they will be in time if they present themselves three weeks after the board shall assemble.—*Nat. Intell.*

Inhalation of Sulphuric Ether Vapor.—We confess ourselves generally sceptical as to the good results which are frequently promised to flow from the employment of new remedies, and new modes of treatment, by those who, from laudable or interested motives, usher them before the notice of the profession. The very equivocal circumstances under which this one was laid before the profession rendered us even more sceptical and distrustful than usual ; but we have perused a mass of evidence which has certainly convinced us most forcibly, that a means is now presented for mitigating, to a very marked extent, the excruciating pain and agony which are necessarily attendant upon operations of any magnitude.—*British Amer. Med. Jour.*

Philadelphia College of Medicine.—The Legislature of Pennsylvania has passed an act supplementary to the act incorporating the Philadelphia College of Medicine, which repeals the restrictions in the former act, and gives the College power to give winter as well as summer lectures.